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Client Reference Number: PATENT

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Douglas W. Robinson

Signature

Attachments: Fully executed Revocation of Power of Attorney.

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**Applicant:** Howard J. SMITH  
**Application Serial Number:** 10/568,176  
**Filing Date:** 11/30/2006  
**Title:** Method of Treating Viral Infections  
**Examiner:** Lucas, Zachariah  
**Art Unit:** 1648  
**Confirmation Number:**

Date: January 13, 2009

**Mail Stop:** Patent Application

Honorable Commissioner for Patents  
P.O. Box 1450 Alexandria, VA 22313-1450

**COMMUNICATION**

Attached hereto please find a Revocation of Power of Attorney and New Power of Attorney. The undersigned respectfully requests enter of these papers into the record.

The Commissioner is hereby authorized to charge any fees which may be required regarding this application under 37 CFR §§ 1.16-1.17 or credit any overpayment, to deposit account No. 503321. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, or otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 503321.

Respectfully submitted,

By:

Douglas W. Robinson  
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PTO/SB/81 (01-06)

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**POWER OF ATTORNEY  
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CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/568,176
Filing Date	11-30-2006
First Named Inventor	Howard J. Smith
Title	Method Of Treating Viral Infections
Art Unit	1648
Examiner Name	LUCAS, ZACHARIAH
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

58478

OR

☒ Practitioner(s) named below:

Name	Registration Number
Mr. Douglas Robinson	51278
Dr. O. M (Sam) Zaghmout	51286

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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☒ The address associated with Customer Number:

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☐ Firm or Individual Name Bio Intellectual Property Services (Bio IPS) LLC

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I am the:

☒ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	Jan 9, 2009
Name	Howard J. Smith	Telephone	61-3-98423269
Title and Company	CEO, Howard J. Smith & Associates, PLLC		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of one forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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